



Mercy Hospital Council of Leagues

SISTER MARY GRACE MEMORIAL SCHOLARSHIP
2023 APPLICATION

Submission Deadline: 04/28/2023

Date of Application: _____

1. **PERSONAL INFORMATION**

Name:

(Last) (First) (MI)

Address:

Phone: _____ Email: _____

Date of Birth: _____ Last Four (4) Digits of Social Security # _____

Marital Status: Single Married Other, explain: _____

U.S. Citizen: YES NO Other, explain: _____

How did you hear about the Sister Mary Grace Scholarship:

2. **HEALTH CAREER GOAL:**

3. **IF SELECTED FOR AWARD, HOW WOULD THE FUNDS BE USED?**



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4. FAMILY / FINANCIAL INFORMATION – (home financial need/support assessment):

- Household Annual Gross Income \$ _____ / YEAR
- Number of siblings/dependents at home: _____ Ages _____

Additional expenses or financial challenges facing applicant/applicant's family (caring for disabled child/adult or aging/ill relatives in home, extended family living in home, cost of other tuition obligations, other):

- To be considered for a scholarship, you must submit a copy of your most recent Income Tax return (or parent/guardian tax return if you are a dependent living at home). *All financial documents with be destroyed following review.*

5. APPLICANT'S EMPLOYMENT INFORMATION (if applicant is presently employed):

Company/Employer: _____

Address: _____

City/State/Zip: _____

Position/Title: _____

Duties: _____

Salary: \$ _____ per _____ Full or Part Time: _____

Is Tuition Reimbursement Offered (yes/no) _____ If yes, amount \$ _____

6. EDUCATION – General (high school and above):

<u>Name of School</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Diploma/Degree</u>



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7. HEALTH CAREER EDUCATION – SCHOOL WHERE SCHOLARSHIP, IF AWARDED, SHOULD BE SENT:

Name of School: _____

Address: _____

Start Date: _____ Expected Graduation Date: _____

Degree Program: _____

Cost per Semester (tuition, books, other) \$ _____

List any other grants, scholarships or tuition assistance you currently receive:

<u>Grant/Scholarship/Assistance</u>	<u>Amount (per year)</u>

- **Attach relevant information** such as most recent transcript, tuition bills, and college application/registration forms.
- **Proof of acceptance/enrollment in a healthcare related program** is required.
- **Scholarship Awards will be mailed directly to schools.** Please include correct name and address of school
(item # 7 above) where awards should be mailed (include room, department, etc.).

8. VOLUNTEER / COMMUNITY SERVICE INFORMATION

<u>Name of Organization</u>	<u>Type of Service</u>	<u>Dates Served</u>

Briefly describe any other activities that demonstrate your desire to help others in need:



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9. SPONSOR/REFERENCE INFORMATION

If possible, submit a letter of recommendation in support of your commitment to your healthcare career goals. If a letter is not attached, please provide us with contact person we can call.

Contact Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Relationship to applicant _____

10. ESSAY: To better assist the Scholarship Committee with its review process, please attach a brief essay describing:

- Yourself/your background (personal history, achievements, goals and/or objectives);
- Healthcare career goals / why you are interested in a healthcare career; and
- How this scholarship award will assist you in achieving your goals.

The essay is an important measure in awarding scholarships, so please include any information that you feel should be taken into consideration (financial need; challenges overcome; any extraordinary circumstances that led to your decision to pursue a healthcare career; etc.).

SR. MARY GRACE SCHOLARSHIP COMMITTEE:

Sheila Norris
Grace Way
Pam McLaughlin
Bev Santini
Jeanne Briody, *President, MH Council of*

Leagues

Temra K. Taylor, *Executive Director of
The Mercy Medical Center Foundation*

**Please return application and all requested
materials by APRIL 28, 2023 to:**

Mercy Hospital Council of Leagues
1000 North Village Avenue
Rockville Centre, New York 11571-9024
Attn: Sr. Mary Grace Scholarship